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Date of Deposit: January 29, 2004

Attorney Docket No. 24024-506 (GE26736)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

FIRST-NAMED INVENTOR: Tony Peled

FOR: *EX-VIVO* EXPANSION OF HEMATOPOIETIC STEM CELL  
POPULATIONS IN MONONUCLEAR CELL CULTURES

**Mail Stop PATENT APPLICATION**

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

17548 U.S. PTO  
10/767064  
012904

**REQUEST FOR FILING A CONTINUATION PATENT APPLICATION  
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a 35 USC § 111(a) continuation application. This continuation application claims the benefit of, and priority to, under 35 USC § 365(c) to PCT/IL03/00681, filed August 17, 2003, which claims priority from PCT/IL03/00064 filed January 26, 2003 which claims priority from Israel Patent Application IL152904 filed November 17, 2002 and U.S. Patent Application 60/404,137 filed August 19, 2002, now abandoned; PCT/IL03/00062 filed January 23, 2003; U.S. Patent Application 60/452,545 filed March 7, 2003 and U.S. Patent Application 60/404,145 filed August 19, 2002, now abandoned. This continuation application also claims priority to each of these provisional patent applications. The contents of all of these referenced applications are incorporated herein by reference in their entireties.

2. A true copy of the parent application PCT/IL03/00681 is enclosed. This application is a total of 160 pages. This application includes:

97 pages of specification (not including claims, abstract, or figures)

62 pages of claims

1 page of abstract

2 sheets of drawings (Figs. 1A-3)

3. An unsigned copy of the Combined Declaration/Power of Attorney is enclosed (3 pgs).

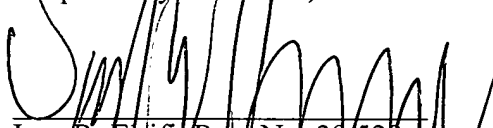
4. Please enter the accompanying Preliminary Amendment prior to calculating the fees due for this filing. Fees associated with this application are calculated as follows.

FIRST-NAMED INVENTOR: Tony Peled et al.  
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$770.00
Total Claims (37 C.F.R. 1.16(c))	43	- 20 =	23	\$18.00	\$414.00
Independent Claims (37 C.F.R. 1.16(b))	8	- 3 =	5	\$86.00	\$430.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	-0-			\$270.00	
SUBTOTAL:					\$1,614.00
Reduction by 50% for filing by small entity:					\$807.00
TOTAL FEE:					\$807.00

5. A check (#17986) in the amount of **\$807.00** is enclosed. The Commissioner is authorized to charge any additional fees due, or credit overpayments, to Deposit Account No. 50-0311, Ref. No. 24024-506.
6. A return receipt postcard is enclosed.

Respectfully submitted,



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